



Georgia State Board of Long-Term Care Facility Administrators  
237 Coliseum Drive, Macon, Georgia 31217-3858  
Phone: 404-424-9966  
[www.sos.ga.gov/plb/nursinghome](http://www.sos.ga.gov/plb/nursinghome)

### ***CERTIFICATION OF LICENSURE***

This form should be sent to **ALL States** in which you hold a Long-Term Care Facility Administrator license. The form should be completed by the State Board and returned to the above address.

#### **PART I – APPLICANT**

I \_\_\_\_\_, hereby authorize the state of \_\_\_\_\_ licensing board to furnish to the Georgia State Board of Long-Term Care Facility Administrators the information requested below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
License No.

Applicants do not write below this line. Applicants must forward to state verifying license.

#### **PART II – STATE AGENCY**

**LICENSING AGENCY:** *The above applicant has applied for a license to practice as an Administrator in Georgia. Please furnish the Board the following information AND mail to the Georgia State Board of Long-Term Care Facility Administrators • 237 Coliseum Drive • Macon, Georgia 31217-3858*

Name of Licensee: \_\_\_\_\_ License Number: \_\_\_\_\_

Licensed by: ☐ Exam ☐ Endorsement ☐ Waiver ☐ Grandfather Clause

If by exam, please indicate the examination administered to applicant: \_\_\_\_\_

Issue Date: \_\_\_\_\_ License Status: ☐ Current Expiration date: \_\_\_\_\_

☐ Inactive Date of last renewal: \_\_\_\_\_

☐ Lapsed Date of last renewal: \_\_\_\_\_

Have all continuing education requirements been met? ☐ YES ☐ NO

Has the license ever been encumbered in any way? (e.g. revoked, suspended, surrendered, restricted, limited, placed on probation) ☐ YES ☐ NO

Is the applicant currently under investigation? Yes ( ) No ( )

**\* Please provide details, including copies of any documents with status of investigations.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ State Board \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_